

Service Table 3-Medication Support Codes

Medication Support Services include one or more of the following: prescribing, administering, dispensing and monitoring drug interactions and contraindications of psychiatric medications or biologicals that are necessary to alleviate the suffering and symptoms of mental illness. This service may also include assessing the appropriateness of reducing medication usage when clinically indicated. Medication Support Services are individually tailored to address the beneficiary's need and are provided by a consistent provider who has an established relationship with the beneficiary.

Services may include: providing detailed information about how medications work; different types of medications available and why they are used; anticipated outcomes of taking a medication; the importance of continuing to take a medication even if the symptoms improve or disappear (as determined to be clinically appropriate); how the use of the medication may improve the effectiveness of other services a beneficiary is receiving (e.g., group or individual therapy); possible side effects of medications and how to manage them; information about medication interactions or possible complications related to using medications with alcohol or other medications or substances; and the impact of choosing not to take medications.

The service includes one or more of the following service components:

- Evaluation of the need for medication
- Evaluation of clinical effectiveness and side effects
- The obtaining of informed consent
- Medication education including instruction in the use, risks, and benefits of and alternatives for medication
- Collateral
- Plan Development

[Title 9, CCR, § 1840.372](#) states that “the maximum amount claimable for Medication Support Services in a 24-hour period is 4 hours.”

Please note that, the prolonged service code G2212 is in the Medication Support category. G2212 can be used to prolong a code that does not have a dedicated add-on code associated with it or an evaluation and management code that is at the end of a series (ie, is associated with the longest time). The codes G2212 can be used with are listed in the Dependent on Codes Column. The [Centers for Medicare & Medicaid Services does not recognize any other prolonged service code](#) and G2212 is therefore the only prolonged service code recognized by the SDMC claiming system. Therefore if a different prolonged service code is claimed, it will be denied.

Service	Code	SD/MC Allowable Disciplines	Allowable Place of Service	Lockout Codes <small>Note: All of the below services are locked out against inpatient except the day of admission.</small>	Dependent on Codes	Medicare COB Required?	Maximum Units that Can be Billed	Allowable Modifiers
Therapeutic, Prophylactic, or Diagnostic Injection; Subcutaneous or Intramuscular, 15 Minutes. Do not use this code to indicate administration of vaccines/toxoids or intradermal cancer immunotherapy injection.	96372	<ul style="list-style-type: none"> MD/DO PA NP or CNS (Certified) RN 	01 03-08 11-26 31-34 41-42 49-58 60-62 65 71-72 81 99	Cannot be billed with: 90870 96365 96369 96374 99202-99205** 99212-99215** 99217-99223** 99231-99236** 99304-99310** 99324-99328** 99334-99337** 99341-99345** 99347-99350**	No	Yes	1	59 GC HL HV XE XP XU
Prophylactic, or Diagnostic Injection; Intra-Arterial, 15 Minutes	96373	Same as above	Same as above	Same as above	No	Yes	1	Same as above
Therapeutic, Prophylactic, or Diagnostic Injection; Intravenous Push, Single or Initial Substance/Drug, 15 Minutes	96374	Same as above	Same as above	Cannot be billed with: 90870; 96365 96372*; 96377* 99202-99205** 99212-99215** 99217-99223** 99231-99236** 99304-99310** 99324-99328** 99334-99337** 99341-99345** 99347-99350**	No	Yes	1	Same as above

Service	Code	SD/MC Allowable Disciplines	Allowable Place of Service	Lockout Codes <i>Note: All of the below services are locked out against inpatient except the day of admission.</i>	Dependent on Codes	Medicare COB Required?	Maximum Units that Can be Billed	Allowable Modifiers
Therapeutic, Prophylactic, or Diagnostic Injection; Each Additional Sequential Intravenous Push of a New Substance/Drug, 15 Minutes	96375	Same as above	Same as above	Cannot be billed with: 90870 99231-99233 99307-99310	96365 96374	Yes	13	Same as above
Therapeutic, Prophylactic, or Diagnostic Injection; Each Additional Sequential Intravenous Drug Provided in a Facility; Has to be More than 30 Minutes after a Reported Push of the Same Drug, 1-14 Minutes	96376	<ul style="list-style-type: none"> • MD/DO • PA • NP or CNS (Certified) • RN 	01 03-08 11-26 31-34 41-42 49-58 60-62 65 71-72 81 99	Cannot be billed with: 90870	96365 96374	No	1	59 GC HL HV XE XP XU

Service	Code	SD/MC Allowable Disciplines	Allowable Place of Service	Lockout Codes <i>Note: All of the below services are locked out against inpatient except the day of admission.</i>	Dependent on Codes	Medicare COB Required?	Maximum Units that Can be Billed	Allowable Modifiers
Application of On-body Injector for Timed Subcutaneous Injection, 15 Minutes	96377	<ul style="list-style-type: none"> MD/DO PA NP or CNS (Certified) RN 	01 03-08 11-26 31-34 41-42 49-58 60-62 65 71-72 81 99	Cannot be billed with: 90870 96365 96369 96374 99202-99205** 99212-99215** 99217-99220 99231-99236 99241-99245** 99304-99310 99324-99328 99334-99337 99341-99345 99347-99350	No	Yes	1	59 GC HL HV XE XP XU
Oral Medication Administration, Direct Observation, 15 Minutes	H0033	<ul style="list-style-type: none"> All disciplines, including non-licensed. 	All except 09	No	No	No	16	GC HK HL HV SC
Medication Training and Support, per 15 Minutes	H0034	<ul style="list-style-type: none"> MD/DO Pharmacist PA NP or CNS (Certified) RN LVN PT 	All except 09	No	No	No	16	GC HK HL HV SC

*Except with modifiers 59, XE, XP, or XU. Modifiers have to be on the target or excluded service.

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